80/553159

# LAPZORICIÓ PENTRO 22 NOV 2005

## Application Data Sheet APPLICATION INFORMATION

| Application Number::                |                                    |
|-------------------------------------|------------------------------------|
| Filing Date::                       |                                    |
| Application Type::                  | Regular                            |
| Subject Matter::                    | Utility                            |
| Suggested classification::          |                                    |
| Suggested Group Art Unit::          |                                    |
| CD-ROM or CD-R?::                   | None                               |
| Number of CD Disks:                 |                                    |
| Number of Copies of CDs::           |                                    |
| Sequence Submission?::              | Paper                              |
| Computer Readable From (CRF)?:: Yes |                                    |
| Number of Copies of CRF::           | 1                                  |
| Title::                             | COMBINATION LIPOSOMAL FORMULATIONS |
| Attorney Docket Number::            | 239615                             |
| Request for Early Publication?::    | No                                 |
| Request for Non-Publication?::      | No                                 |
| Suggested Drawing Figure::          | *                                  |
| Total Drawing Sheets::              |                                    |
| Small Entity?::                     | Yes                                |
| Latin Name::                        |                                    |
| Variety denomination name::         |                                    |
| Petition Included?::                | No                                 |
| Petition Type::                     |                                    |
| Licensed US Govt. Agency::          |                                    |
| Contract or Grant Numbers::         |                                    |
| Secrecy Order in Parent Appl.?::    | No                                 |
|                                     |                                    |

## **APPLICANT INFORMATION**

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Haris

Middle Name::

Family Name:: Jamil

Name Suffix::

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State or Prov. of Residence::

Country of Residence:: US

Street of mailing address:: 1216 Trinity Place

City of mailing address:: Libertyville

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60048

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Imran

Middle Name::

Family Name:: Ahmad

Name Suffix::

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State or Prov. of Residence::

Country of Residence:: US

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City of mailing address:: Wadsworth

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60083

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Zafeer

Middle Name::

Family Name:: Ahmad

Name Suffix::

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State or Prov. of Residence::

Country of Residence:: US

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City of mailing address:: Gurnee

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60031

Inventor Authority Type:: Inventor

Primary Citizenship Country:: India

Status:: Full Capacity

Given Name:: Gopal

Middle Name::

Family Name:: Anyarambhatla

Name Suffix::

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State or Prov. of Residence:: IL

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City of mailing address:: Waukegan

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Country of mailing address:: US

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## **CORRESPONDENCE INFORMATION**

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23460

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## REPRESENTATIVE INFORMATION

Representative Customer Number::

23460

Representative Designation::

Registration Number::

Representative Name::

Primary

**Associate** 

### DOMESTIC PRIORITY INFORMATION

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

This Application

National Stage of

PCT/US2002/016413

05/22/04

PCT/US2002/016413

An application claiming the

benefit under 35 USC

60/495,260

08/13/03

119(e) of

PCT/US2002/016413

An application claiming the benefit under 35 USC

60/472,664

05/22/03

119(e) of

### FOREIGN APPLICATION INFORMATION

Country::

Application Number::

Filing Date::

**Priority Claimed** 

#### **ASSIGNEE INFORMATION**

Assignee name::

NeoPharm, Inc.

Street of mailing address:: 150 Field Drive

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City of mailing address::

Lake Forest

State or Province of

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60045